



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: MEDICALLY INTENSIVE HOME CARE PROGRAM POLICY 4.04

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**Authority:** RCW 74.09.520 Medical Assistance-Care and Services Included-Funding Limitations  
WAC 388-551-3000 Private Duty Nursing Services  
DDD/MAA Interagency Agreement Dated 4/27/92

**BACKGROUND**

The Medically Intensive Home Care Program (MIHCP) is a Title XIX program intended to support children who need medically intensive services and would otherwise be institutionalized. The cost of home nursing must not exceed the cost of hospital care. [WAC 388-551-3000, Private Duty Nursing Services](#), regulates the provision of home nursing under the MIHCP.

This program is administered through the Division of Developmental Disabilities (DDD) in conjunction with the Health and Recovery Services Administration (HRSA). The MIHCP Manager and the HRSA Medical Consultant determine medical eligibility for the program. The level of service is determined and authorized by the MIHCP Manager after review of recommendations made by the DDD Case Resource Manager (CRM).

**PURPOSE**

This policy establishes procedures for providing services to children in the MIHCP.

**SCOPE**

This program policy and procedures apply to DDD staff working with children in the MIHCP.

**PROGRAM POLICY**

- A. A child may be eligible for the MIHCP if:
1. The child is age seventeen (17) or younger;

2. The child is enrolled in the Medicaid program;
  3. Home care would be less costly than payment of hospital care under the Medicaid program;
  4. Private insurance benefits are exhausted or unavailable for hospital care;
  5. Home care services are “medically necessary” as defined in [WAC 388-501-0165](#); and,
  6. The home care plan is safe for the child and is agreed to by the parent and/or the child’s legal representative.
- B. The child enrolled in the MIHCP must have complex medical needs (e.g., ventilator dependent, tracheotomy care) which require continuous skilled care that can be provided safely within the home.

## **PROCEDURES**

### **A. Referral**

1. The child's parent and/or legal representative completes a regular application for services through DDD Field Services. Children in the MIHCP are eligible for DDD services until their 18<sup>th</sup> birthday regardless of other eligibility conditions.
2. The Case Resource Manager (CRM) submits a referral packet to the Central Office MIHCP Manager which includes:
  - a. The child’s medical history, diagnosis, physician’s orders, and code status;
  - b. A current nursing care plan, including copies of daily nursing notes;
  - c. An emergency medical plan, which includes notification of electric, gas and telephone companies as well as the local fire department;
  - d. Verification that Medicaid is paying, or will pay, for the child's hospitalization; and

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- e. A psychosocial history or summary that includes the following information (note: the hospital may be best able to provide this):
    - i. Family constellation and current situation;
    - ii. Available personal support systems;
    - iii. Presence of other stresses within and upon the family;
    - iv. Projected number of nursing hours needed in the home, after discussion with the family; and
    - v. Written request from the family for home care.
  - 3. The MIHCP Manager will:
    - a. Review eligibility and authorization requests;
    - b. Determine medical eligibility and level of service needed based upon the information provided;
    - c. Communicate to the CRM the child's medical eligibility or ineligibility for the program and any requests for further information; and
    - d. Notify the child's family in writing when there is a determination of ineligibility. This notice must include information regarding appeal rights.

B. Home Care Plan

- 1. When medical eligibility has been determined, the following activities must occur prior to final approval of the Home Care Plan (HCP):
  - a. The physician determines a projected date for discharge from the hospital;
  - b. The family identifies a local physician who is willing to be responsible for the child's care; and

- c. The family selects a home health agency that is willing to commit to providing nursing care and has a Medicaid provider number.

C. Monitoring Responsibilities

- 1. The CRM will:
  - a. Maintain the official client record;
  - b. Contact the family and the nursing agency periodically to assess the child's and family's adjustment; and
  - c. Contact the MIHCP Manager regarding any changes or events that impact the child's HCP.
- 2. The DDD Nursing Care Consultant will:
  - a. Conduct nursing care assessments in the home every twelve (12) months, or more frequently when requested by the MIHCP Manager; and
  - b. Submit these to the MIHCP Manager and the CRM.
- 3. The Home Health Agency providing private duty nursing services will:
  - a. Submit nursing summaries and reviews as requested by the MIHCP Manager; and
  - b. Contact the CRM periodically to report on the child's status, request any change in nursing hours, report problems, etc.
- 4. The Central Office MIHCP Manager will:
  - a. Review nursing agency material to determine need for additional information;
  - b. Periodic review of the child's HCP;
  - c. Maintain medical eligibility and monitoring records for each child's home care plan;
  - d. Ensure that children receiving service are medically eligible;

- e. Authorize necessary nursing services for reimbursement by HRSA/Medical Assistance;
- f. Maintain the MIHCP database, including statistical and authorization data; and
- g. Represent DSHS in fair hearings resulting from eligibility denials or service level reductions.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

### **SUPERSESSION**

DDD Policy 4.04  
Issued June 25, 2004

DDD Policy 4.04  
Issued August 11, 2003

DDD Policy 4.04  
Issued June 30, 1999

DDD Policy 4.04  
Issued November 29, 1993

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: July 13, 2005